

CITY OF INDEPENDENCE

APPLICATION FOR HOUSING REHABILITATION

APPLICANT & SPOUSE'S NAME: _____

ADDRESS: _____

TELEPHONE: (HOME:) _____ (WORK) _____

HOUSEHOLD COMPOSITION (list the head of your household and all members who live in your home. **Give relationship to head of household, such as Spouse, son, daughter male friend, female friend, etc.** More room? – Continue on back of this page.

	Full Name Number	Relationship	Age	Social Security
1				
2				
3				
4				
5				
6				
7				
8				

1. Total number in your household: _____ Is everyone listed? _____
If not, please explain: _____

2. Are there any Disabled persons in your household? Yes () No () Number ()
(a disabled person is defined as a person "who has a physical or mental impairment which substantially limits one or more of the person's major life activities, has a record of such impairment or is regarded as having such an impairment") **Place an (*) by the name of the disabled person(s).**

3. Racial Background of Primary Income Earner (please check one):
() White () American Indian /Alaska Native () Asian
() Black () Native Hawaiian or Pacific Islander () Other –multi racial

1. Ethnicity: (select only one)
() Hispanic or Latino () Not Hispanic or Latino

5. Is the head of the household Female ? () No () Yes

6. Does the same child (age 6 or under) visit in your home for more than 3 hours a day at least 2 days of each week ? () Yes () No **(this is needed for the lead paint rules)**

7. INCOME ELIGIBILITY - All adult members - **Assets – For each family member over 18 years of age, please complete the following asset information**

Family member:_____	
<u>Assets:</u>	<u>Value</u>
Cash on hand & in banks.....	\$ _____
Savings Accounts.....	\$ _____
Stocks & Bonds.....	\$ _____
Real Estate.....	\$ _____
Automobile-present value.....	\$ _____
Other personal property.....	\$ _____
Other Assets.....	\$ _____
Total	\$ _____

Family member:_____	
<u>Assets:</u>	<u>Value</u>
Cash on hand & in banks.....	\$ _____
Savings Accounts.....	\$ _____
Stocks & Bonds.....	\$ _____
Real Estate.....	\$ _____
Automobile-present value.....	\$ _____
Other personal property.....	\$ _____
Other Assets.....	\$ _____
Total	\$ _____

Family member:_____	
<u>Assets:</u>	<u>Value</u>
Cash on hand & in banks.....	\$ _____
Savings Accounts.....	\$ _____
Stocks & Bonds.....	\$ _____
Real Estate.....	\$ _____
Automobile-present value.....	\$ _____
Other personal property.....	\$ _____
Other Assets.....	\$ _____
Total	\$ _____

Family member: _____	
<u>Assets:</u>	<u>Value</u>
Cash on hand & in banks.....	\$ _____
Savings Accounts.....	\$ _____
Stocks & Bonds.....	\$ _____
Real Estate.....	\$ _____
Automobile-present value.....	\$ _____
Other personal property.....	\$ _____
Other Assets.....	\$ _____
Total	\$ _____

INCOME ELIGIBILITY - Anticipated Annual Income of all adult members

Family Member	a. Monthly Wages	b. Benefits/ Pensions	c. Public Assistance	Other Income	Income from Assets
					Enter the greater Of lines 4 or 5 From above in "e"
6. Totals	a.	b.	c.	d.	e.

Bank name & address _____

Savings & Loan Name & address _____

Investment firm name & address: _____

8. Fair market value of your home (from latest County appraisal) \$ _____

9. When was your home built? (for historic preservation and lead paint regulations)
House Built: _____ or Apprx. age: _____

10. What repairs are you interested in? _____

PENALTY FOR FALSE OR FRAUDULENT STATEMENT:

U.S.C. TITLE 18, SECTION 1001, provides. "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or imprisoned not more than five (5) years or both".

I, THE APPLICANT(S) CERTIFY ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I understand the statement above concerning the penalty of making a fraudulent statement. I certify that I am the owner of the property described in this application. If the Housing City determines the property cannot be cost effectively rehabilitated to the Kansas CDBG standards, I acknowledge that with respect to the grant funds I shall have no further interest, right or claim. If this application is approved and rehabilitation can be achieved, I hereby authorize the CDBG rehabilitation work to be completed on my property. I will grant access to my property and will provide electricity and water to the rehabilitation personnel at no cost.

I covenant and agree that I will comply with all requirements outlined in the City of Independence Housing Plan and rules imposed by the Housing and Urban Development (HUD). I covenant and agree I will not discriminate upon the basis of race, color, creed, or national origin in the sale, lease, rental, use or occupancy of the property herein assisted with the CDBG grant.

Verification of any of the information contained or submitted with this application may be obtained from any source named herein for the purpose of qualifying for the CDBG rehabilitation program, the Weatherization Program and/or the Rural Development Program.

I so Agree:

Property owner Signature

Date

Property owner Signature

Date

WAIVER OF LIABILITY

I HEREBY RELEASE THE STATE OF KANSAS, THE CITY OF INDEPENDENCE AND THE SOUTHEAST KANSAS REGIONAL PLANNING COUNCIL, Chanute, KS FROM ANY AND ALL CLAIMS OF LIABILITY ARISING FROM CITY OF INDEPENDENCE'S HOUSING PROJECT.

Property owner Signature

Date

Property owner Signature

Date

NOTE: *No application will be processed without the following documents:*

Proof of household income for all occupant(s) age 18 & older. Payroll stub(s) for the most recent full month worked or employer written note noting gross income for the most recent full month worked - And a Copy of last filed Income tax form 1040 (front & back of 1040 only). For Social Security – need award letter from Social Security for 2003 or bank statement showing SSN automatic deposit.
Copy of 3 months of recent bank statements.

Signed Authorization to Release information (Attachment A)
Verification of property ownership
Copy of most current County appraisal showing fair market value
Verification of current property insurance.

-

For Office use only

DATE RECEIVED BY CITY / SEKRPC: _____

Date received all above supporting Documentation: _____ Approved (☐) Rejected (☐)

Reason for Rejection: _____

Rating points: _____ worksheet attached Signed: _____ date _____

DEFINITION OF INCOME

INCOME refers to **total cash receipts before taxes from all sources**. These include money wages and salaries before any deductions, but does not include food or rent in lieu of wages. These receipts include net receipts from non-farm or farm self-employment (i.e. receipts from own business or farm after deductions from business or farm expense). They include social security or railroad retirement, unemployment, and worker's compensation, strike benefits from union funds, veteran's benefits, training stipends, alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household; private pensions, government employee pensions and regular insurance or annuity payments; and income from dividends, interests, rents, royalties, or periodic receipts from estate or trusts.

INCOME IS NOT...capital gains; any assets drawn down as withdrawals from a bank, sale of property, house or car; tax refunds, gifts, lump-sum inheritances, one-time insurance payments, or compensation for injury; income from employment of children under the age of 18 years; income from a live-in aid; amounts of educational scholarships; special pay to a family member serving in the Armed Forces who is exposed to hospital fire; amounts received under training programs funded by HUD; temporary, non-recurring or sporadic income (including gifts); and amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs. **Following are examples of excluded income: Income derived from the Food Stamp Act, Domestic Volunteer Service Act, Alaska Native Claims Settlement Act, Low-Income Energy Assistance Program, Job Training and Title V of the Older Americans Act (Green-Thumb).**

ASSETS - are cash or non-cash items that can be converted to cash. Checking account balance, Savings accounts, stocks and bonds, net equity in rental property, retirement and pension funds, personal property such as coins, jewelry, antique cars, lump-sum receipts such as lottery winnings, inheritances, insurance settlements etc.

All applicants must provide proper verification of income and assets and sign permission forms for verification. Income eligibility is based on total gross income for the current month-projected forward 12 months. Lone W-2 forms will not be accepted. See Attachment F. for suggestions on how to calculate gross income. Questions? Call the Southeast Kansas Regional Planning Council, Independence, KS 620-431-0080.

Those receiving social security may contact the social security administration **toll free at 1-800-772-1213** for proper written verification.

Those receiving assistance through the SRS should contact the local office for proper written verification.

(Attachment A)

Authorization to Release Information

To: _____

Re: _____

Account or Other Identifying Number

I/we have applied for or obtained a grant from the Independence Housing Program (IHP) As part of the process, IHP may verify information contained in my request for assistance and in other documents required in connection with the request.

I authorized you to provide to IHP, for verification purposes, the following applicable information:

- Past and present employment or income records.
- Bank account, stock holdings, and any other asset balances
- Past and present landlord references.
- Other consumer credit references.

If the request is for a loan, I further authorize the IHP to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., Independence Housing Program (IHP) is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my application will be available to the IHP without further notice or authorization, but will not be disclosed or released by IHP to another Government agency or department or used for another purpose without my consent except as required or permitted by law.

The information IHP obtains is only to be used in the processing of my request for assistance.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

Applicant Signature

Date

Applicant Signature

Date